



Are you available to work:

\_\_\_\_\_ Full-Time Please indicate Mornings\_\_\_\_\_ Afternoons\_\_\_\_\_ Evenings\_\_\_\_\_  
 \_\_\_\_\_ Part-Time Please indicate Mornings\_\_\_\_\_ Afternoons\_\_\_\_\_ Evenings\_\_\_\_\_

<b>EDUCATION</b>			
High School		Address	
No. of Years Completed	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Diploma/Degree
Undergrad. College		Address	
No. of Years Completed	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Diploma/Degree
Graduate/ Professional		Address	
No. of Years Completed	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Diploma/Degree
Other (Specify)		Address	
No. of Years Completed	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Diploma/Degree

<b>REFERENCES</b>		
Please list three professional references other than supervisors or professors.		
Full Name	Relationship	
Occupation	Phone ( )	Best Time to Call:
Address		
Full Name	Relationship	
Occupation	Phone ( )	Best Time to Call:
Address		
Full Name	Relationship	
Occupation	Phone ( )	Best Time to Call:
Address		

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

**If you need additional space, please continue on a separate sheet of paper.**

PREVIOUS EMPLOYMENT		
Employer		Phone ( )
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Employer		Phone ( )
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Employer		Phone ( )
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Employer		Phone ( )
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

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Comments: Include explanation of any gaps in employment.

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Describe any specialized training or skills:

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Describe any job-related training received in the United States military:

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List professional, trade, business or civic activities and offices held. (You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.)

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Please state any additional information you feel may be helpful to us in considering your application.

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Liberty Centre Services is committed to providing access, equal opportunity, and reasonable accommodation for individuals with disabilities in employment, its services, programs, and activities. To request reasonable accommodation, contact Liberty Centre Services Executive Director at 402-370-3503 or by written request to 900 East Norfolk Avenue, Norfolk, NE 68701 Attention: Human Resource Department.

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specially acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge I understand, also, that I am required to abide by all rules and regulations of the employer.

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Signature of Applicant

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Date